

A RESOLUTION

00- R-1814

BY PUBLIC SAFETY AND LEGAL
ADMINISTRATION COMMITTEE

**A RESOLUTION AUTHORIZING PAYMENT IN THE
AMOUNT OF \$1,000.00 IN SETTLEMENT OF THE CLAIM
OF MIRIAM H. KEMP AGAINST THE CITY OF ATLANTA
AND FOR OTHER PURPOSES**

WHEREAS, MIRIAM H. KEMP has filed a claim against the City of Atlanta seeking damages arising out of a collision between a vehicle operated by James H. Coleman, an employee of the Department of Police Services and Ms. Kemp's vehicle; and

WHEREAS, the collision occurred as a result of the City employee driving left of the center line and collided claimant's vehicle.; and

WHEREAS, the claimant has asserted damages in the amount of \$3,000.00, but the claimant has agreed to accept the sum of \$1,000.00 in full and complete satisfaction and settlement of her claim against the City of Atlanta; and

WHEREAS, the City Attorney has recommended that the claim of Miriam H. Kemp be settled for the sum of \$1,000.00.

WHREAS, this claim was previously denied by City Council on January 18, 2000.

THEREFORE, BE IT RESOLVED that the Council of the City of Atlanta, Georgia that resolution number 00-R-0008 be hearby rescinded and that \$1,000.00 be paid by the City of Atlanta in satisfaction of any and all claims Miriam H. Kemp may have stemming from damages sustained to her property on or about August 14, 1998.

BE IT FURTHER RESOLVED that the Chief Financial Officer be and hereby authorized to pay the above mentioned sum from account number 1A01/529017/T31001.

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 99L0109

Date: November 2, 2000

Claimant /Victim MIRIAM H. KEMP

BY: (Atty) (Ins.Co.) _____

Address: 6570 Deshon Circle, Lithonia, Georgia 30058

Subrogation: _____ Claim for Property damage \$ 3,000.00 Bodily Injury \$ _____

Date of Notice: 02/11/99 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 08/14/98 Place: Memorial Drive

Department Police Division: _____

Employee involved James H. Coleman Disciplinary Action: No Action Taken

NATURE OF CLAIM: The driver of the City vehicle was driving left of the center line and collided with the claimant's vehicle causing damages in the above amount.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____

Pictures _____ Diagrams _____ Reports: Police X Dept Report _____ Other _____

Traffic citations issued: City Driver X Claimant Driver X

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable _____

City not involved _____ Offer rejected _____ Compromise settlement X

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ 1,000.00 Adverse _____ Account charged: 1A01 X 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 11-02-00

Committee Action: _____ Council Action _____

MAYOR
X copy 4 atty
Copy picture

REPORT

Mitchell
02/22/99
De

FEB 1

1-22-99 05:16 RCVD

ENTERED - 2-23-99 - SB

9910109

DIANNE MITCHELL

MUNICIPAL CLERK

RE: CLAIM FOR DAMAGES

MUNICIPAL CLERK

City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

Today's Date: 1/28/99

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 3,000 property and/or \$ NOT ESTIMATED bodily injury for which I contend the City is liable.

1. Date of incident: 8-14-98 2. Time of Incident: 7:45 AM 3. Police called: ☒ Yes ☐ No
(month/day/year)
4. Location of incident (including street address): MEMORIAL DR. E.
5. Name of your insurance company: STATE FARM INSURANCE Co. Policy No. *P21-8366- E25-118
6. State what and how incident occurred: (SEE ATTACHED)

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

* * * CAR TOTAL LOSS PER STATE FARM: 8/98

The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: 1992 GEO STORM 2540-RT MIRIAM KEMP, Mother
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: TAURUS (SEE ATTACHED POLICE REPORT) CITY OF ATL POLICE
(Make) (City Driver's Name) (Department/Bureau)

Witness: N A (Name) (Address) (Telephone Number)

10. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission or liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Miriam H. Kemp

MIRIAM H. KEMP
(Print Claimant's Name)

6570 Deshaun Dr.

1-20 99

I have attached a copy of the police report and pictures of the automobile involved in the accident that occurred on August 14, 1998. The attached police report was written & faxed (2 months or so) after the accident occurred. The report and the sketch has been totally turned around. The accident did not occur the report was written. I don't know who wrote the report. The report was finally written and faxed to me on the date of the trial. The re-set trial in October. What puzzled me was that the first trial was re-set because the officer was not there, which the trial shouldn't have been re-set because his sergeant said he was in the hospital because he had been involved in another similar accident.

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I asked for the police report for almost a month. The report was finally submitted & written on the same day of the trial after I called Chief Starward's office and reported the accident. My question was: who wrote this report because they said the officer was in the hospital. The only conclusion I could come to was that someone else wrote the report in order to have a report filed before the trial. Please note that ~~the police report~~ the actual report was faxed to me an hour before the trial by a Sgt. Cox. The police officer involved in the accident told the paramedics that I was making a left-hand turn and somehow he hit me. He never said he didn't see me. There should also be a report filed with

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On 8-14-98, a wet, dark morning, I was travelling east on Memorial Drive (on my way to work) on a four lane freeway. Two lanes east & two lanes west. (at that time) I was travelling in the outside lane travelling east. As I sat there waiting the light to change which must have been a mile or two away (I gathered this was why traffic was sitting there; I happened to look to my ^{left} ~~right~~ and noticed a trailer store labelled 'WIC' sitting to the back of a parking lot. I turned on my left signal, I sat there for about $\frac{1}{2}$ of a minute before I actually started moving out. I looked to my left & to my right to make sure no one was coming. The lot was directly to my left. I pulled out and just as I began to enter the entrance - I felt a very hard sonic boom

[illegible]

have been spinning because I remember holding tightly

To the steering wheel to keep from being through the steering

wheel or out of the right window. The seatbelts worked

and by the Grace of God my bruises have healed & I am not

dead although I am still in pain, however, could not afford to
go to the Doctor anymore.

I've gone back & forth on this accident with the City of Atlanta.

I lost my job, the last I heard my Doctor bill was almost

\$15,000 to \$20,000.00 Dollars. I hesitated completing this

form; however, on completing it because your "Attorney-on-Duty"

for the day" advised me that this paperwork has to be filed

for your records.

Please call me @ 404-595-1105 if you should need anything

further.

Miriam H. Kemp-

GENERAL RELEASE AND INDEMNIFICATION

CLAIM NUMBER 99L0109

\$ 1,000.00

IN CONSIDERATION of the sum of ONE THOUSAND AND NO/100
 DOLLARS, to be paid to me by the CITY OF ATLANTA, the future receipt of which is hereby
 acknowledged, I do hereby, for myself, my heirs, executors, administrators, and assigns, release and forever
 discharge said City, its officers and employees, including but not limited to James H. Coleman, from any and all
 claims, demands, actions, causes of action, suits, damages, loss and expenses, of whatsoever kind or nature for or
 on account of anything that has heretofore occurred, and particularly for or on account of a vehicular accident
 which occurred on or about the 14th day of August, 1998,
 at or near 709 Memorial Drive.

It is further understood and agreed that the payment of the above named sum is not to be considered as an admission on the part of the City, its officers, agents, servants or employees, of any liability whatsoever and the undersigned further covenants and agrees to indemnify and hold harmless the City of Atlanta, its officers, agents, servants and employees, from any and all claims, damages or costs which the said City of Atlanta, its officers, agents, servants and employees, may be called upon to make as a result of the event hereinbefore referred to.

And I now state that the only consideration for my signing this release and indemnification is the payment of the sum stated above; that no other promise or agreement of any kind or nature has been made to or with me by said City or its agents to cause me to sign this release, and that I fully understand the meaning and intent of this instrument.

WITNESS my hand and seal this November day of 2, 19 2000.

Miriam H. Kemp (LS)
MIRIAM H. KEMP

The above release was read and explained to, and signed by the said Miriam Kneif

_____ in our presence on the date aboye written.

Witnesses